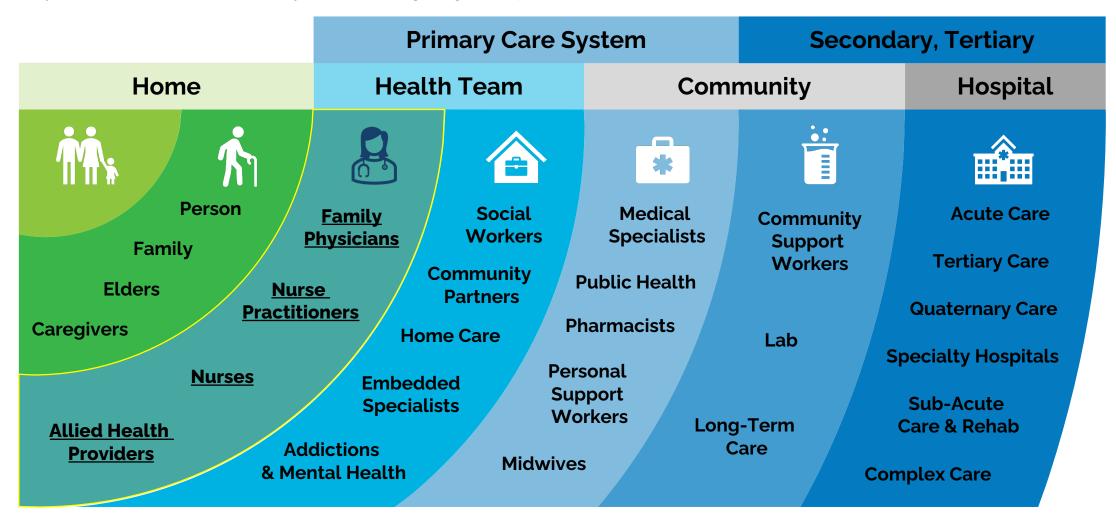
Ontario's Primary Care Action Plan
Connecting Every Person in Ontario to Primary Care

January 2025



Connecting Every Person in Ontario to Primary Care

Mandate: 100% of people in Ontario are attached to a family doctor or a primary care nurse practitioner working in a publicly funded team, where they receive ongoing, comprehensive and convenient care.





Primary Care: Right Care, Right Place, Right Time

- Primary care is the model of care that supports first-contact, comprehensive, coordinated, convenient and person-focused care.
- Health systems with robust primary care systems have better health outcomes, lower health care costs and more equity.
- By providing care in the community, primary care **reduces reliance on costly parts of the system** such as emergency departments and hospitals.

Impact of Primary Care: By The Numbers

Primary care visits are 33% of the cost

of a visit to an emergency department (Ontario)

36% fewer

emergency visits when connected to primary care (Quebec)

29% more

when poor access to primary care (Alberta)



Ontario's Primary Care Action Plan

- Ontario's Primary Care Action Team, led by Dr. Jane Philpott, will implement a **Primary Care Action Plan** supported by the government's historic investment of \$1.8 billion to connect two million more people to a publicly funded family doctor or primary care team within four years, which will achieve the government's goal of connecting everyone in the province to a family doctor or primary care team.
- Primary care teams are made up of a family physician or nurse practitioner and other health care professionals such as nurses, physician assistants, social workers, dietitians and more.
- The Action Plan will help implement a broad series of initiatives in collaboration with primary care leaders and health system partners across three pillars:
 - Connecting You to a Primary Care Team
 - Making Primary Care More Connected and Convenient
 - Supporting Primary Care Providers
- The action plan will draw on **best-in-class models** of primary care being delivered across the province to ensure that no matter where you live in the province, you are connected to a primary care team.
- The goal is to build a primary care system that is **comprehensive**, **convenient and connected** for every single person in Ontario.



Primary Care Team Successes

Through the Your Health plan, Ontario invested \$110 million in primary care teams across the province, helping to connect 328,000 more people to primary care close to home.

- Through a \$2.2 million investment in primary care team funding, the **Hamilton Family Health Team** and partners from across the Greater Hamilton Health Network Ontario Health Team have attached more than 6,000 people to team-based primary care who did not have access previously. This work includes a number of initiatives including 'Health Care at Eva Rothwell Centre', a new primary health care clinic located at a grassroots community hub which serves individuals and families living in poverty.
- Through an over \$900,000 investment in primary care team funding, the **Lakehead Nurse Practitioner-Led Clinic** is increasing access and attachment to interprofessional primary care in Thunder Bay and surrounding area. In partnership with local emergency medical services, primary care partners and the Noojmawing Sookatagaing Ontario Health Team, they have attached approximately 700 additional people to team-based primary care. The increased capacity in their clinic has been focusing on patients with congestive heart failure, chronic obstructive pulmonary disease, frailty and diabetes. They have also initiated an Infant and Child Wellness Program for children 0-5 years of age and mothers up to 12 months postpartum and a Breast Screening Program.
- With the support of \$4.2 million in funding, the **Midtown Kingston Health Home** has attached over 1,200 people from the surrounding postal codes to comprehensive, team-based primary care as of December 2024, and are expecting to enroll up to 8,000 people. Soon after opening, the staff started calling people who had registered with Health Care Connect to ask if they would like to register as a patient. "We've had a few that have cried on the phone," said Melissa Boivin, a registered practical nurse at KCHC who does intake calls for new patients. She spoke with one who hadn't had a regular primary care provider since 1992.

Ontario's Primary Care Action Plan Pillars

Ontario is investing over \$1.8 billion to connect every person in Ontario to primary care.



- Create and expand 305 additional teams to attach approximately
 2 million people to primary care.
- Invest more than \$235 million in 2025-26 to establish and expand 80 additional primary care teams across the province, attaching 300,000 more people to primary care this year.
- Establish standards for what every Ontarian can expect when accessing primary care services.
- Provide regular public updates on progress and performance in achieving the Primary Care Action Team's mandate.



- Modernize Health Care Connect to improve the user and provider experience, with the goal of establishing a wait time target of no more than 12 months.
- Attach everyone (as of January 1, 2025) on the Health Care Connect waitlist to a primary care team by Spring 2026.
- Enhance digital tools for providers and patients, improving patient navigation, reducing administrative burden and improving the referral process.
- Leverage Health811 to view online health records, book an appointment with their primary care provider and discover care options.
- Set regular performance indicators of primary care teams.



Supporting Primary Care Providers

- Introduce targeted strategies to recruit and retain the workforce needed to support primary care providers and teams, including family doctors, nurse practitioners and other allied health professionals.
- Address administrative burden with digital tools, targeted recruitment and retention strategies for northern and rural communities and ensure all of Ontario's highly qualified health care professionals can work to their full scope of practice.
- Add and expand community-based primary care teaching clinics in collaboration with academic institutions and other partners.



Key Performance Indicators: Measuring Progress

Working in a publicly funded interdisciplinary team

KPI: % of primary care providers who work in interdisciplinary teams



100% of the people of Ontario have ongoing attachment to a primary care provider

KPI: % of Ontarians who have ongoing connection to primary care

That is connected into the broader health system

KPI: % of Ontarians who can access their health records online

Where they have timely access to comprehensive care

KPI: % of Ontarians who can get an appointment same day or next day when needed

All Ontarians currently on health care connect waitlist are connected to primary care

KPI: % of Ontarians cleared from Health Care Connect waitlist



Implementation Timelines

Closing the Gap



2 million more people will be newly attached to primary care by 2029.

	25/26	26/27	27/28	28/29	Total
New people attached	300,000	+500,000	+600,000	+600,000	2,000,000
New primary care teams added	76	+73	+78	+78	305

Regular public reporting on milestones and key performance indicators

Ongoing stakeholder collaboration and feedback to inform implementation

